

Continuous Fighting Tournament

Competitor Information

First Name _____ Last Name _____

Home Phone _____ Email Address _____

School: _____

Rank _____ or #months/years: _____ Age: _____ Weight: _____

Instructor: _____

Waiver

I, the undersigned, do hereby voluntarily submit my application for attendance and participation and do hereby assume full responsibility for any and all damages, injuries that I may sustain or incur, if any, while attending or participating in the mentioned event. I hereby waive all claims against the promoters or sponsors of said tournament, individually or otherwise, for any damages, injuries or loses that I may sustain or incur. I fully understand that any medical treatment given to me will be of the first aid type only. I consent that any pictures furnished by me or any pictures taken of me on connection with the said tournament can be used for publicity, promotion, television showing, or web sites, now or in the future, and I waive compensation in regards thereto. I have read and fully understand the above waiver. (If under age of 18, this form must be signed by a parent or guardian.)

Signature: _____

Parent/Guardian: _____ Date: _____

"Like many of you, I wondered about the the practice of Martial Arts! What I decided was to give it a try, which has now become a message that I pass on to every new student." Master McKenzie